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Draft country programme document**

Benin

Summary

The Executive Director presents the draft country programme document for Benin for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $9,426,000 from regular resources subject to the availability of funds, and $16,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2004 to 2008.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	3.4
U5MR (per 1,000 live births)	158
Underweight (%, moderate and severe)	23
Maternal mortality ratio (per 100,000 live births, 1989-1996)	500
Primary school enrolment and/or attendance (% net, male/female, 1999)	83/57
Primary school children reaching grade 5 (%, 1997)	64
Use of improved drinking water sources (%, 2002)	63
Adult HIV prevalence rate (%)	3.6
Child work (%, 5-14 year-olds)	
GNI per capita (US$)	360
One-year-olds immunized against DPT3 (%)	76
One-year-olds immunized against measles (%)	65

The situation of children and women

1. The situation analysis is based on the common country assessment (CCA) and was carried out with the participation of children in 2002. Although politically stable since 1990, Benin is still classified among the least developed countries, and was in 158th place in the Human Development Index in 2002. Despite economic growth of about 5 per cent per annum, one third of the population (and of children under age 18) have continued to live below the global poverty line since 1994, especially in rural areas where the poverty rate rose from 25 per cent to 33 per cent between 1994-1995 and 1999-2000. One third of the children under age 5 suffer from protein-energy malnutrition. The debt burden reached US$ 976 million in 2000. Debt servicing represents 13 per cent of exports of goods and services.

2. The vulnerability analysis has shown that the peoples of north Benin live in adverse socio-economic conditions. In Benin there are major disparities between urban and rural areas and among social classes. In 2001, while on average 61 per cent of the total population had access to drinking water, and 32 per cent used adequate means of disposal of excreta, the figures were only 52 per cent and 15 per cent respectively in rural areas. The natural environment is fragile, damaged and threatened.

3. Only one third of the population makes use of health services. The Bamako Initiative ensured the availability of essential medicines at all public health centres. The mortality rates, although declining, remain high: an infant mortality rate of 89 per 1,000 live births, and an under-five mortality rate of 160 per 1,000 live births for the period 1997-2001. The levels of prenatal care and attended births rose from 80 per cent and 64 per cent respectively in 1996 to 87 per cent and 73 per cent in 2001, which may have a favourable influence on the maternal mortality rate (498 per 100,000 live births in 1992-1995). In 2001, 64 per cent of women of childbearing age and 82 per cent of children under age 5 were anaemic. Malaria remains the top reason for medical visits (35 per cent) with high rates among children (46 per cent for children under age 1 and 22 per cent among children age 1-5). The incidence of HIV/AIDS increased tenfold in 10 years, rising from 0.4 per cent in 1990 to 4.1 per cent in 2000, with marked regional variations (from 1.4 per cent to 13 per cent),

including 4 per cent through mother-to-child transmission and 94 per cent through sexual relations. The rate of access to preschool education remains low: about 3 per cent in 1997, as many girls as boys. It has changed little since then. Access to primary education is almost universal in urban areas. In rural areas, the disparities remain significant: in 2002, the gross school enrolment rate was 86 per cent for boys and 64 per cent for girls.

4. This situation of poverty, limited access to basic social services and absence of an adequate legal framework creates a favourable environment for the exploitation of children. The number of child labourers is estimated at 400,000, many of whom are *vidomègon* (domestic workers, especially girls) and/or victims of trafficking: it is estimated that 50,000 children (age 6-16) work abroad, a majority of whom are boys from the poorest regions. Sixteen per cent of Beninese women have undergone genital excision (up to 45 per cent in the north). Efforts made in recent years under the auspices of the Government have led to an improvement in child protection. The Family Code was finally adopted in 2002 and a law prohibiting genital mutilation in 2003. It may be said that the situation of children, especially girls and women, has improved, albeit slowly, which makes the consolidation of the young Beninese democracy a fragile process.

Key results and lessons learned from previous cooperation (1999-2003)

Key results achieved

5. The mid-term review of the programme in 2001 showed that most of the objectives established for the programme were in course of being achieved. The health development programme helped reduce the infant/child mortality rates (from 167 to 160 per 1,000 live births) and infant mortality rates (from 94 to 89 per 1,000 live births) between 1996 and 2001, through training and supply of medical and technical equipment in three health zones, with a population of 600,000 (10 per cent of the population of Benin). It contributed to the maintenance of a high level of immunization coverage, compared to the average in the subregion (measles vaccine, 81 per cent, DPT3, 84 per cent in 2001). Advocacy by UNICEF enabled Benin to achieve and maintain its vaccine independence, to finance the vaccines of the routine expanded programme on immunization (EPI), to cover perishable items, and to take responsibility, in 2002, for two new antigens (yellow fever and hepatitis B). The improvement in conditions of hygiene and access to drinking water led to a decline by more than one third in the incidence of diarrhoea, from 26 per cent in 1996 to 16 per cent in 2001 (children under age 3, according to the demographic and health survey, 1996-2001). UNICEF has helped reduce the number of cases of dracunculiasis by 99.9 per cent since 1990. Since 1999, the programme has supported the drilling of about 100 boreholes equipped with pumps benefiting about 36,000 people.

6. The social development programme contributed to an increase in the gross enrolment rate, which rose from 77 per cent in 1998-1999 to 94 per cent in 2001-2002, particularly the rate for girls, which is now over 78 per cent, especially in Sinendé, where the gap between boys and girls (nearly 20 points in 1998) progressively declined and disappeared in 2001. The protection project led to an increased awareness of problems linked, in particular, to trafficking in children, the subject of public discussion and current attention on the part of the authorities. It gave rise to greater involvement of communities in combating trafficking by

supporting the establishment of 500 local action committees in at-risk zones. The community development programme made possible a progressive modification in the behaviour of populations in more than 60 villages in terms of respect for the rights of the child through literacy and the training of 3,200 persons in local planning, as well as support for the establishment of income-generating units to benefit children.

7. The follow-up and evaluation programme led to increased partnership between United Nations agencies, the Government and all development partners in data collection and dissemination and better follow-up of national programmes and priorities through adaptation of the UNICEF database, *ChildInfo*, and the establishment of a national socio-economic database known as *BenInfo*.

Lessons learned

8. About 11,500 HIV-positive women give birth each year. One third of their babies are infected (one quarter of new infections), which justifies the priority placed on prevention of mother-to-child transmission in the Benin-UNICEF programme. After a pilot phase in 33 maternity centres of Cotonou, the 2002 evaluation demonstrated the possibility of expanding the project progressively to the national level, by reinvigorating the process starting with selected sites in Cotonou and establishing specific criteria for quality and efficiency.

9. The evaluation showed that good results were obtained at Sinendé due to the fact that the innovations reached all the schools in the zone, and that all the parents and communities were sensitized — by women — on the issue of respecting the rights of girls. It has proven difficult to translate the innovations introduced through the Education project's community approach to the level of national policy. Advocacy at the ministerial level must be strengthened, especially in the national "Education for All" plan and the sectoral investment plan along with key partners (the World Bank, Coopération française, and the United States Agency for International Development (USAID)).

10. Since the mid-term review, children have participated effectively at all stages of the programming (including over 2,000 in the situation analysis). This participation has allowed the young people to express their opinions, but it has also enabled their adult partners to benefit from hearing key problems expressed in simple language. This participation will be institutionalized through support to the establishment of a children's parliament and their systematic involvement in monitoring the new programme.

11. The mid-term and annual reviews have shown that the fact that Community Development is a programme in itself, separate from the Health and Education programmes, did not help to strengthen the synergy of interventions because of a lack of effective coordination at the local level. The geographical coverage achieved by the programme remains disappointing (just over 60 villages) and is far from meeting the goal of 300 villages envisaged at the beginning of the programme. Because of the effective implementation of decentralization, it would be appropriate to provide strategic reinforcement of skills at the commune level in order to ensure that sectoral interventions will target the same vulnerable children. The community development strategy will therefore be incorporated into the three new programmes.

Programme of work (2004-2008)

Summary budget table

	In thousands of United States dollars		
Programme	*Regular resources*	*Other resources*	*Total*
Survival	2 350	8 000	10 350
Education	2 350	5 000	7 350
Protection	1 776	3 000	4 700
Monitoring and evaluation	850		850
Cross-sectoral costs	2 100		2 100
Total	**9 426**	**16 000**	**25 426**

Preparation process

12. UNICEF ensured the coordination of the CCA process and of the preparation of a common database within the United Nations system — *BenInfo*. It also supported the preparation by the Government of the poverty reduction strategy paper (PRSP). Because of their content and the harmonization of the processes, the CCA and the United Nations Development Assistance Framework (UNDAF) are an integral part of the drafting of the Benin-UNICEF programme. In 2002, these documents were supplemented by an analysis of the situation by children, an analysis of disparities as a function of household wealth and an analysis of vulnerability indicators. Finally, an environmental analysis conducted at the beginning of 2003 showed that the activities planned as part of the programme will not have a damaging impact on the environment.

13. The strategic programming process was coordinated by the Ministry of Prospecting and Development, in collaboration with the Ministry of Foreign Affairs. The partner ministries, the United Nations agencies, children, bilateral donors, partner non-governmental organizations (NGOs), local councils of child democrats and the UNICEF regional office have also participated in defining the goals and expected results of the programme, as a function of the five priorities of the UNICEF medium-term strategic plan, determining the outline of the strategy and identifying the most appropriate structure. The strategy document was adopted at the February 2003 strategy meeting, chaired by the Minister of State.

Goals, key results and strategies

14. The overall goal of the Benin-UNICEF programme is to create an environment fit for children by contributing to a 10 per cent reduction in the number of children living below the poverty line by 2008. This is in line with the national goal in the PRSP to halve the number of people living below the global poverty line by 2015. The Benin-UNICEF programme will help in achieving the other effects sought by the UNDAF of increasing utilization of basic social services and the national objectives of reducing the infant, child and maternal mortality rates, improving all health indicators, and promoting access to education.

15. As for the five priorities of the MTSP, the following key results are expected *by 2008*:

(a) *Girls' education*: An increase of 20 per cent in the gross school enrolment rate for girls in the targeted communes and support to bring it up to 95 per cent nationwide; free girls' education nationwide; the promotion rate increased by at least 10 per cent in those communes and support to raise it to 80 per cent at the national level;

(b) *Integrated early childhood development*: existence of a national policy and an integrated plan of action for the young child; in at least 30 communes, a 25 per cent reduction in the infant and infant/child mortality rates; registration of 80 per cent of births with the civil registry and 80 per cent coverage in equipped children's centres in the targeted communes;

(c) *Expanded programme on immunization*: Poliomyelitis will be eradicated, measles brought under control and neonatal tetanus eliminated; comprehensive vaccination coverage for children in the programme communes will reach 80 per cent;

(d) *Combating AIDS*: a 20 per cent reduction in the number of HIV-positive newborns in at least 30 communes; a decrease in the incidence of HIV/AIDS of at least 25 per cent among youth and pregnant women; psychosocial care for 40 per cent of HIV/AIDS orphans and child victims;

(e) *Protection of children*: existence of a national plan of action and a code for child protection; 20 per cent reduction in female genital mutilation and trafficking; reintegration of at least 80 per cent of child victims of trafficking into their families and communities.

16. Actions to achieve these results will be implemented through three programmes revolving around the needs of the child: (a) survival; (b) education; (c) protection. Coordination and follow-up to intersectoral activities related to early childhood and to HIV/AIDS will be the responsibility of the programme coordination office. The community development strategy for the strengthening of local capacity will support the integrated and systematic planning of programmes/projects at the local level. Local competencies will be reinforced for better coordination of programmes centred on the needs of vulnerable children in the interest of the community. Strategic interventions will also have to be developed, for example micro-planning tools which can be utilized by the three programmes. Communication for development will support each of the programme components through a new integrated communications plan. It will support capacity-building and training efforts for the local population through communication for behaviour change and raising awareness among families, communities and decision makers for effective participation in local development, while respecting the rights of children and women. In order to be able to face any potential crisis, an emergency preparedness and response plan will be developed and updated periodically.

Relationship to national priorities, the UNDAF and international priorities

17. The partners in the Benin-UNICEF cooperation programme have identified the primary areas of intervention of the future programme, which will provide direct support for the national goals and objectives established by the Government (Perspective 2025, the Government's programme of action for the period 2001-2006

and the PRSP for the period 2003-2005). The cooperation programme is one aspect of more general collaboration within the UNDAF, which includes three areas of cooperation: (a) poverty eradication; (b) access to essential social services; and (c) combating HIV/AIDS and malaria. It will also involve cooperation with all Benin's development partners.

18. This framework allows UNICEF to be selective and, on the basis of its comparative advantages, to focus its intervention on the most vulnerable groups while helping to achieve international priorities, including those of *A world fit for children* and the Millennium Development Goals, which Benin endorses. For example, the education programme will promote the Government's priorities of expanding basic education and girls' education, improving the quality of education and developing human capital from early childhood onward. These efforts fall within the purview of the UNDAF (access to social services) and will help Benin make progress towards the goal of *A world fit for children* of providing quality education and the Millennium Development Goals of guaranteeing the right to universal primary education and promoting gender equality.

Programme components

19. The **Survival** programme will implement Expanded Programme on Immunization (EPI) and vitamin A projects at the national level. The accelerated child survival and development strategy will be progressively expanded to include 30 communes and one third of Benin's population (2.2 million people).

20. Specifically, in order to promote *integrated early child development* (ECD), the infant and infant/child mortality rates will be reduced by 25 per cent in at least 30 communes. The programme will help increase the rate of attended births to 80 per cent and reduce the percentage of HIV-positive newborns by 20 per cent. In the area of EPI, poliomyelitis will be eradicated, measles controlled and neonatal tetanus eliminated throughout Benin. With respect to the integrated management of childhood illness (IMCI), 60 per cent of cases of simple malaria and diarrhoea in children under five will be properly treated at the community level. At least 60 per cent of children will normally sleep under impregnated mosquito nets and morbidity resulting from acute respiratory infections (ARIs) will be reduced by 25 per cent in children under five. The percentage of children aged six to nine months receiving adequate supplemental feeding will be increased from 66 per cent to 80 per cent (and to 80 per cent for children under two); household consumption of iodized salt will be increased from 72 per cent to 90 per cent; and vitamin A deficiency in children will be reduced by 25 per cent. The incidence of anaemia will be decreased from 64 per cent to 50 per cent in pregnant women age 15 to 49 and from 82 per cent to 57 per cent in children under five. With respect to *children and adolescents*, the programme will combat sexually transmitted diseases (STDs) and the incidence of HIV/AIDS among persons age 10-24 and pregnant women will be reduced by at least 25 per cent in all 30 communes. At least 50 per cent of health centres in these communes will be declared "child-friendly". In the area of reproductive health, the rate of early pregnancy among adolescents will be reduced by 20 per cent, that of neonatal mortality by 25 per cent and that of malaria morbidity among pregnant women by 30 per cent. Constant access to drinking water will be ensured for 150,000 people and the eradication of dracunculiasis will be certified in 2008.

21. The proposed strategy and active research in the area of EPI will be strengthened and a communications plan will be implemented, taking into account resistance factors; the plan will mobilize community resources. Prevention of mother-to-child transmission of HIV will be progressively expanded to 30 communes. In order to strengthen the IMCI, the use of impregnated mosquito nets, impregnation kits and oral rehydration salts will be promoted, as will exclusive breastfeeding, hygiene (with a focus on hand-washing) and proper prevention and treatment of malaria, diarrhoea and ARI at the community level. The programme will provide for better periodic supervision of the health services. Integrated strategies such as the simultaneous distribution of vitamin A and impregnated mosquito nets at the time of vaccination and during prenatal checkups (together with iron supplements) will be implemented. In order to improve reproductive health, neonatal care and obstetrical services, the programme will support low-risk childbirth, anti-malaria chemical prophylaxis during pregnancy (intermittent presumptive treatment) and the progressive introduction of participatory health insurance schemes. Young people will be more fully involved in efforts to combat STDs and HIV-AIDS and action will be taken to facilitate their access to reproductive health services. In the area of nutrition, the programme will support the promotion of exclusive breastfeeding and adequate supplemental feeding, twice-yearly vitamin A supplements for children aged 6 to 59 months and deworming. Advocacy for universal use of iodized salt, promotion of micronutrient-rich foods and research into the fortification of such foods will be carried out. In the area of water, hygiene and sanitation, the programme will support the installation of adequate facilities and promote sanitary habits in preschools and schools and by families and communities. Advocacy for dracunculiasis eradication will be carried out in various development sectors and case monitoring and cooperation between countries will be encouraged in order to deal with cross-border transmission. The available funding is being provided by the Governments of Belgium, Canada and France; USAID; the Kiwanis Fund, the United Nations Foundation and Columbia University (United States of America).

22. The **Education** programme includes planned action in at least 18 communes and will benefit about 1.5 million people, primarily in north Benin. Children will be given a good start in life through, inter alia, the establishment and equipment of preschools in 14 targeted communes. With respect to access, UNICEF will promote free education for girls and will seek to increase the national gross enrolment rate for girls to 95 per cent through a 20 per cent increase in the targeted communes. With regard to quality, UNICEF will help increase the average national promotion rate for girls to 80 per cent through a 10 per cent increase in the targeted communes. The programme will continue to support a national definition of education for all which would include informal education; at least 25,000 unenrolled adolescents will be enrolled in informal training centres in an effort to discourage them from seeking jobs at too young an age.

23. The programme will implement at a broader level strategies which have already proven effective in raising enrolment rates for girls and preventing forms of exploitation such as child labour in Benin. The links between schools and communities will be strengthened; lecture-discussions on education for all and gender equality will be organized in the targeted communes; and parents and future parents will be made aware of the importance of high-quality educational activities for girls and of early childhood development. Preschools will be established,

community child development projects will be supported and parents will be provided with training modules on the care of children from birth to three years. Efforts will be made to advocate integration of the current programme's innovations (such as the girl-helping-girl system, school performance monitoring cards and community preschool experiments) into the national education policy and to promote a common vision of education for all; intensive training (including distance learning) will be offered in the areas of support for students and capacity-building for teachers; and the national policy of recruiting in partnership with communities and hiring women teachers in rural areas will be supported. Criteria for the establishment of child-friendly and, in particular, girl-friendly schools will be developed and will include improvement of the school environment (water, hygiene, behaviour and so forth). Efforts will be made to combat HIV/AIDS in the schools by providing more information, student and teacher training, parental education and logistical and material support; making young people (and especially adolescents) more aware of the need to develop life skills; involving them in activities benefiting them; and providing health centres in schools, workshops and other places of instruction. The programme will support the establishment of informal education centres for unenrolled children and the guardians of children working in the markets and elsewhere will be made aware of the need to organize and manage girls' time in order to improve their living and working conditions. Villages in the targeted communes will be made aware of the goals of education and of the gender equality approach. Interaction between schools and communities will be encouraged through school and community cultural and handicrafts exchanges and genuine community involvement in school activities and administration. The available financing is being provided by the Government of Norway and from other sources under the Global Girls' Education Programme.

24. From now until 2008, the **Protection** programme will target the main forms of vulnerability and abuse of children's rights. At the national level, the programme's awareness-raising and advocacy activities will continue. Efforts to combat the exploitation of children will focus on the villages from which child labourers come and those in which children are trafficked (largely in north Benin). A national child protection plan will be available and disseminated from 2006; Benin will have a children's code. A plan of action for orphans and child victims of AIDS will be developed in late 2004. Implementation of the plan will be coordinated by the Ministry for Social Welfare. Forty per cent of this vulnerable group will receive psychosocial care at social protection centres. Twenty per cent of workshops in the handicraft sector in Cotonou, Parakou, Porto-Novo and Calavi will comply with the Labour Code of Benin. Eighty per cent of births will be registered with the civil registry. Trafficking in children and female genital mutilation will be reduced by 20 per cent compared with current levels. At least 80 per cent of child victims of trafficking and *vidomègon* taken in by partner non-governmental organizations will be reintegrated in their families.

25. Education remains the main strategy for preventing child labour, trafficking in and sexual exploitation of children. The programme will work closely with the Education programme to raise awareness, educate the population and increase the enrolment ratio and retention rate. In the targeted communes, the programme, in collaboration with the Survival programme, will build local capacities so as to ensure access to psychosocial care for orphans and child victims of AIDS. In conjunction with the Education programme, the programme will provide technical

support for the integration in school curriculums and alternative education of issues relating to AIDS and drugs. The programme will encourage changes in behaviour through education and awareness raising in schools, alternative education centres, families and communities. Traditional chiefs and religious leaders will be involved, particularly in combating harmful traditional practices. The legislation on genital mutilation will be popularized in local languages. The existing local committees to combat trafficking in children will be revitalized and others established in supply zones that are not yet covered. In addition to trafficking, these committees will be engaged in monitoring the main types of violations of children's rights. The programme will support the strengthening of the response capacities and the decentralization of the child protection squad and the courts. Families and communities will be encouraged to use the existing channels (health services, education, etc.) to declare births. The programme will build the capacity of partners to care for child victims of abuse and effect their reintegration in their families and communities of origin. The funding available is provided by the Governments of Belgium, France, Germany, Italy and Sweden.

26. The **cross-sectoral costs** will cover operational costs for logistics and administration for the entire programme. The costs of specific activities relating to community development and communication for development will be shared among the three programmes.

Main partnerships

27. The solid partnerships established by the cooperation programme for 1999-2003 made a positive contribution to EPI (World Health Organization (WHO), Rotary International), the IMCI initiative (WHO, Government of Canada, AfriCare, Population Services International), the implementation of health zones, efforts to combat HIV/AIDS (Joint United Nations Programme on HIV/AIDS), girls' education, and the establishment of the national database *BenInfo*. These partnerships will be strengthened, with specific issues serving as points of departure (for example, UNICEF already coordinates very active groups in the areas of child survival, combating trafficking in children, and girls' education). Such collaboration warrants systematization in order to benefit from the comparative advantages of each partner and ensure optimum use of resources. Thus, UNICEF and the European Union are complementing one another in the fight against trafficking in children. The same goes for USAID in the areas of girls' education and child survival. There is a need to take advantage of the processes of coordination and monitoring of the implementation of the UNDAF and the PRSP in order to highlight such problems as may exist and resolve them by strengthening the mechanisms for dialogue between the Government and development partners.

28. Regarding mobilization of resources, links will be strengthened with donors who have been active over the past two years in programme financing and steps will be taken to find new partners. The special relationship developed by UNICEF Benin with the UNICEF National Committees will be sustained through the exchange of information materials and the organization of visits.

Monitoring, evaluation and programme management

29. Under the cooperation programme for 2004-2008, coordination at the local level will be systematized by building local capacities for planning and monitoring

initiatives in aid of vulnerable children. The Office for the Coordination of External Resources of the Ministry of State for the Coordination of Government Actions will coordinate annual planning activities for the entire programme at the national level, as well as intersectoral meetings in the programme's targeted communes organized twice yearly.

30. The database *BenInfo* will serve as a tool for monitoring programme indicators. The dracunculiasis and accelerated child survival and development strategy components will continue to be monitored by the epidemiological surveillance system, which was upgraded in 2003, the vaccination component by the EPI routine surveillance system, and the poliomyelitis component by the acute flaccid paralysis surveillance system. Provision has been made for the final evaluation of the programme in the context of the evaluation of UNDAF cooperation in 2007; that will enable the elements of the next programme for 2009-2013 to be prepared. Partial evaluations are planned at the sectoral level in the course of the cycle: evaluation of the impact of the implementation of the accelerated child survival and development strategy in 2005; evaluation of the impact of the main goals in the area of health with the population and health survey in 2006. An integrated monitoring and evaluation plan will be developed for that purpose.

31. Modifications are envisaged in the structure of the office with respect to the Survival, Education and Protection programmes, and a sub-office will be established in Parakou, a step justified by the greater vulnerability of the populations of north Benin, which calls for better coordination of interventions at the local level.